

M22000012950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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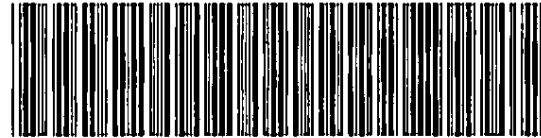
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 AUG 15 PM 4:41
TALLAHASSEE, FLORIDA

T LEMIEUX
AUG 18 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Initial Point Vacay LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John and or Marci Hatfield
Name of Person

Initial Point Vacay LLC
Firm/Company

4600 E Flying Horse Ln
Address

Kuna ID 83634
City/State and Zip Code

initialpointvacay@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Hatfield at (208) 869-3870
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Initial Point Vacay LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Initial Point Vacay LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Idaho 3. 88-1817388
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 8/1/2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. _____ 6. Initial Point Vacay LLC
(Street Address of Principal Office) (Mailing Address)

870 Pebble beach Dr
Davenport FL 33896

4600 E Flying Horse Ln
Kuna ID 83634

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Keily Mena KR Cleaning Inc

Office Address: 316 Westscott Dr

Davenport, Florida 33897
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

See attached Power of attorney
(Registered agent's signature)

FILED
2022 AUG 15 PM 4:41
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF FLORIDA

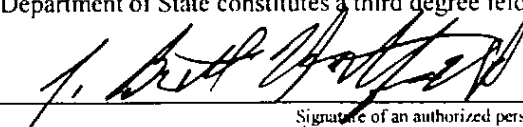
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>John Brett Hatfield</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Marsi Hatfield</u>
<input checked="" type="checkbox"/> Member	Address: <u>4600 E Flying Horse Ln</u>	<input checked="" type="checkbox"/> Member	Address: <u>4600 E Flying Horse Ln</u>
<input checked="" type="checkbox"/> Authorized	<u>Kuna, ID 83634</u>	<input checked="" type="checkbox"/> Authorized	<u>Kuna ID 83634</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Talise Talbot</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Skyler Talbot</u>
<input checked="" type="checkbox"/> Member	Address: <u>4600 E Flying Horse Ln</u>	<input checked="" type="checkbox"/> Member	Address: <u>4600 E Flying Horse Ln</u>
<input checked="" type="checkbox"/> Authorized	<u>Kuna ID 83634</u>	<input checked="" type="checkbox"/> Authorized	<u>Kuna, ID 83634</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person
J. Brett Hatfield

Typed or printed name of signee



STATE OF IDAHO

Lawrence Denney | Secretary of State
Business Office
450 North 4th Street
PO Box 83720
Boise, ID 83720

May 7, 2022

Request Type: Certificate of Existence/Filing

Request #: 0004738718

Receipt #: 000657408

Issuance Date: 05/07/2022

Copies Requested: 0

Regarding: Initial Point Vacay LLC
Filing Type: Limited Liability Company (D)
Formation/Qualification Date: 04/18/2022
Status: Active-Existing
Duration Term: Perpetual

File #: 4700266

Formation Locale: IDAHO

Inactive Date:

Certificate of Existence

I, Lawrence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

Initial Point Vacay LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

A handwritten signature in black ink, appearing to read "Lawrence Denney".

Lawrence Denney
Idaho Secretary of State

Processed By: Business Division

Verification #: 018190728



OSCEOLA COUNTY TAX COLLECTOR

OFFICE OF BRUCE VICKERS, CFC.



POWER OF ATTORNEY

Tourist Development Tax Account No: 50185 Date: 8/4/22
I, John Brett Hofford of Initial Point Vacay LLC hereby name and appoint:
Appointee/Management Company: K.R. Cleaning Inc Title: Local Contact Kelly Mena
Phone: 718 314 3755 Email: K.R.Cleaning.inc@gmail.com
Address: 316 Westcott Dr Davenport State: FL Zip: 33897
to be my lawful attorney in fact to act for me with respect to my Osceola County Tourist Development Tax account. My attorney in fact is authorized to receive and inspect confidential tax information and to perform any and all acts with respect to the above referenced Tourist Development Tax account and is further authorized to enter into binding resolutions regarding any and all disputes as to the above account unless otherwise noted below.
List any specific limitations or deletions to the acts otherwise authorized in this Power of Attorney (ex: Local Contact Only):
Local contact

I certify that I have the authority to execute this Power of Attorney.

Physical address of rental property: 870 Pebble beach Dr
Phone: 208-869-3870 Email: initialpointvacay@gmail.com
Property Owner's/Business Representative's printed name and title: Initial Point Vacay LLC
Signature of Property Owner/Business Representative: [Signature] Date: 8/3/22

DECLARATION OF APPOINTEE

Under penalties of perjury, I declare that:

- I am familiar with the mandatory standards of conduct governing representation before the Florida Department of Revenue and Osceola County Agency, including Rules 12-6.006 and 28-106.107 of the Florida Administration Code, as amended;
- I am familiar with the law and facts related to this matter and am qualified to represent the Property Owner in this matter;
- I am authorized to represent the Property Owner identified for Tourist Development Tax matter(s), and to receive and inspect confidential Property Owner information;
- I am one of the following:
 - a. Attorney- a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b. Certified Public Accountant- duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c. Enrolled Agent- enrolled as an agent pursuant to the requirements of Treasury Department Circular Number 230.
 - d. Former Florida Department of Revenue or Osceola County employee. As a representative, I cannot accept representation in a matter upon which I had direct involvement while I was a public employee.
 - e. Other qualified representative

I have read the foregoing Declaration of Representative and the facts stated in it are true.

I hereby certify that I, Kelly Mena, am a natural person who is 18 years of age or older and am of sound mind; or, a financial institution, as defined in Chapter 655, F.S., with trust powers, having a place of business in this state and authorize to conduct trust business in this state.

Designation-Insert letter from above(a-e): c

Jurisdiction (State) and Enrollment Card No. (if any):

Signature of Appointee/Management Company: Kelly Mena Date: 8/4/2022